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CONFIRMATION NO. 4017

<b>SERIAL NUMBER</b> 10/643,280	<b>FILING OR 371(c) DATE</b> 08/18/2003 <b>RULE</b>	<b>CLASS</b> 351	<b>GROUP ART UNIT</b> 2873	<b>ATTORNEY DOCKET NO.</b> 39569-2667
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* YES *do*

This appln claims benefit of 60/405,287 08/21/2002

\*\* FOREIGN APPLICATIONS \*\*\*\*\* NONE *do*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 05/05/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 879	INDEPENDENT CLAIMS 81
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>Jashy</i> Initials <i>m</i>				

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## TITLE

Intelligent patient interface for ophthalmic instruments

<b>FILING FEE RECEIVED</b> 1132	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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